



State of Utah

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Date: October 3, 2022

Jana Young
Interim County Manager
60 North Main
Coalville, Utah 84017

Dear Mrs. Young:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Summit County, and its contracted service provider Healthy U, during the review period for FY22; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Brent Kelsey
Division Director

Enclosure

cc: Aaron Newman, Director of Behavioral Health, Summit County Health Department
Nelson Clayton Behavioral Health Programs Manager, Healthy U Behavioral



Site Monitoring Report of

Summit County

Local Authority Contract # A03090

Review Date: March 8, 2022

Final Report

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of the Local Authority, Summit County, (also referred to in this report as the County). The official date of the review was March 8, 2022. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 3 None 1	9-14 15
<i>Combined Mental Health Programs</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 2 1 3	19-20 20-21 21-24
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 3	25-26 26-28
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	30-31
<i>Substance Use Disorders Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Use Disorders Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 2 None None	38-40

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Summit County, the Local Authority. The Governance and Fiscal Oversight section of the review was conducted remotely, due to current DSAMH policy, on March 8, 2022 by Kelly Ovard, Financial Services Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County. Healthy U provides the services to the county under the umbrella of HMHI or the Huntsman Mental Health Institute with a clinic in Park City and various subcontractors in Summit and Salt Lake County. UUHP or University of Utah Health Plans provides the billing services for Healthy U, HMHI and Summit County (LA).

As part of the site visit, Summit/Healthy U provided a partial backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report for 2021. This report is a cost study conducted by the Local Authority using prior DOH methodologies. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

There is a current and valid contract in place between the Division and the Local Authority. Summit County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Summit County received a single audit for the year ending December 31, 2020. The firm Squire and Company, PC completed the audit and issued a report dated December 6, 2021. The STR Opioid Grant and the Mental Health Block Grant were not selected for specific testing as major programs. The COVID-19 Coronavirus Relief Fund (21.019) was identified as a major federal program. The auditors issued an unmodified opinion on the financial statements. No findings or deficiencies were reported in the county audit.

Findings for Fiscal Year 2021 Audit:

FY21 Minor Non-compliance Issues:

- 1) Summit County *could not provide payment backup and justification* for the following clients. The spreadsheets provided to DSAMH for the audit should have the clients in the proper categories for payment. For example: WTD must be a woman with dependent children and can not be a man or a woman with no dependents. Both clients sampled for WTD did not meet the criteria. There were issues with the client validations, with this being the year that the provider changed in Summit County, and some clients were closed and some balances written off in the changeover. ***Summit County will need to verify that their services for these service codes did not include funding to inappropriate clients. For clients that received inappropriate funding, repayment of those funds to DSAMH is required.*** This will rise to a significant non-compliance issue next year if Summit County can not provide spreadsheets that accurately show which clients were billed for each code and that those clients meet the criteria for that code. These spreadsheets need to be provided 2 weeks prior to the opening meeting and the audit will be conducted off the original spreadsheet.
 - - Billed to MH/JRI and the client did not have any criminal involvement.
 - - Billed to MH/JRI and the client did not have any criminal involvement.
 - - Billed to WTD (Women with dependent children). The client is a 70+ year old woman with no dependent children.
 - - Billed to WTD (Women with dependent children). The client is a male in Drug Court.
 - - Billed to WTA (State Women). The client is a male.
 - - Billed to the State General SUD (STL). Summit/Healthy U could not find an SUD diagnosis.
 - - Billed to the State General SUD (STL). Summit/Healthy U could not find an SUD diagnosis.

This issue has not been resolved and will continue in the FY22 audit as a Significant Non-Compliance issue.

- 2) *Internal Monitoring of Contracted Providers.* It is vital that Summit County monitor their contracted provider. In doing so Summit also needs to monitor the contracted provider's monitoring of its 90+ subcontractors: *DHS Contract Part I, Section B, 2., Section C and the Division Directives I.A.viii.* Summit County did not have a planned onboarding process or any monitoring reports for over 90 providers. (*see FY21 Division Directives I.A.viii.*)

This issue has not been resolved and will continue in the FY22 audit as a Significant Non-Compliance issue.

- 3) *Timely Billings.* The contracted time for billing is 30 days per Utah Code 62A-15-110-(1)(e) Division Directives I.A.xiii. For the audit year Summit County averaged 37 days.

This issue has been resolved.

- 4) *Medicaid Cost Report.* Healthy U/UUHP reported “When we contacted Medicaid we were not required to create a cost report for FY20 per our discussion so we may need to set up a meeting to discuss what is needed”. It is a requirement of the Local Authority (Summit County) as part of the annual DSAMH audit that it “Applies rates from the most recent audited Medicaid Cost Report to services reported in the Local Authority’s electronic health record to ensure they are consistent with reported amounts. It is the responsibility of the Local Authority (Summit County) to monitor the rates their subcontractors are charging”. (see *FY21 Division Directives I.A.x.*). Medicaid rates were provided by Valley Behavioral Health for 2019 but **Summit County did not provide Medicaid rates for September 2019 - June 2020.**

This issue has been partially resolved and will continue in the FY22 audit as a Significant Non-Compliance issue.

FY21 Deficiencies:

- 1) Division Directives A.xiv. states “LAs shall develop a disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs in accordance with provided templates and resources. The LA shall provide at least annual training for its staff on its plan. **The LA shall provide DSAMH with a copy of its plan and evidence of staff training.** The LA shall evaluate its plan at least annually.” Summit County has not provided an emergency/disaster plan for mental health (MH), and substance use disorder (SUD) prevention, treatment and recovery support services for the county for at least 3 years. *We understand there is an old comprehensive county plan; a specific and updated plan related to MH and SUD services will need to be provided.*

This issue has been resolved as the County Provided an Emergency Plan for the Health Department. Recommendations in Appendix A will need to be reviewed and followed.

- 2) *Dual Employment.* Summit County did not require that Healthy U employees or contractors disclose if they were dually employed. It is a requirement that all employees sign a disclosure statement annually or when the employment situation changes. (see *FY21 Division Directives I.A.viii. b.*)

This issue was partially resolved as Summit County employees were audited for FY22 and the conflict of interest forms were reviewed. Summit Co stated they reviewed Healthy U.

- 3) *Conflict of Interest.* Summit County did not have Healthy U employees sign or complete the conflict of interest training. There also needs to be a conflict of interest form signed between Healthy U and Summit County which is the LA. (see *FY21 Division Directives I.A.viii. b.*)

This issue was partially resolved as Summit County employees were audited for FY22 and the conflict of interest forms were reviewed. Summit Co. stated they reviewed Healthy U.

- 4) *I9 Signature Dates.* Employers must complete and sign Section 2 of Employment Eligibility Verification, within 3 business days from the hire date. Of the employees checked, 8/11 had their I9 signed by Summit County's providers representative at least 14 days after the stated hire date.

This issue has been resolved.

- 5) *Employee Travel.* There was one trip for an employee of Summit County's Provider. While receipts were provided there was no approval documentation dated and signed for the trip. Summit/Healthy U needs to provide an authorization/approval process and receipts for executive travel for both entities that are provided at the beginning of the audit.

This issue has been resolved.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

- 1) **Internal Monitoring of Contracted Providers.**
- a) **It is vital that Summit County monitor their contracted provider. In doing so Summit also needs to monitor the contracted provider's monitoring of its 90+ subcontractors:** DHS Contract Articles 1.16, 1.17 and the Division Directives I.A.viii. Summit County did not have a planned onboarding process or any monitoring reports for over 90 providers. (see FY21 Division Directives I.A.viii,ix,xi)

1.16 Subcontracting Responsibilities.

When the LA subcontracts, the LA shall: a. Conduct at least one annual monitoring review of each subcontract. b. Specify in its area plan how it will monitor its subcontracts. c. Ensure that the subcontractor has current insurance that is adequate for the services performed. d. Include provisions in its subcontracts that require the subcontractor to comply with all relevant: (1) Provisions of this agreement; (2) Procurement statutes and regulations that apply to the LA; (3) Provisions identified in Utah Code § 17-43-101 et. seq.; (4) Financial regulations and policies that apply to the LA; (5) Provisions identified in 45 C.F.R. § 92.36, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments"; (6) Record retention requirements of this agreement; (7) State auditor guidelines; (8) LA directives issued by DHS and the Utah Department of Health ("DOH") regarding the use

and expenditure of state and federal funds received from both DHS and DOH, whether directly or indirectly, for the purpose of providing substance use disorder and mental health programs and services; and (9) Audits required by state or federal guidelines.

1.17 Assignment. *The LA shall not assign this agreement or any portion thereof.*

- b) Summit County has not monitored its **subrecipients' billing services** for accuracy. Healthy U, UUHIP and HMHI do not have an Electronic Health Record (EHR) that tracks and is consistent and systematic in storing and organizing the required data. Therefore the data is un-auditable to the requirements of State and Federal Code and the parameters of the contract Scope of Work A:MH #9 (a-b) and B:SUD #4(d)(1-3)

9. Client Records:

The LMHA shall maintain complete and accurate records for all clients served. The record must document services provided for each client, as identified in the Division Directives and the Utah Practice Guidelines. Additionally:

- a. The documentation must be organized, clear, current, and legible; and
- b. Client records must be updated and filed, electronically or paper chart, in compliance with Article 2, and in accordance with the client payor's requirements. In the event that no payor requirements exist, the records must be updated and filed within one week of each service activity.

4d. Client Records: The LSAA shall maintain complete and accurate records for all individuals served. The record must document services provided for each client as identified in the Division Directives. Additionally:

- (1) Documentation must be organized, clear, current, and legible;
- (2) Client records must be updated and filed within one week of the service date; and
- (3) Assessments and recovery plans must be current and reflect the most current assessment of the client's progress.

c)

Division Directives

Fiscal Year 2021

Division Directives I. A.

- ix. For each site visit, **random client numbers shall be provided by the Division for chart review.** Additional charts may be requested by the monitoring teams to be pulled by the Local Authority for specific populations or areas of concern. The Local Authority shall provide the monitoring team electronic remote access to the selected charts and all other documents requested by DSAMH at least two weeks before the site

visit, including passwords and instructions needed to access the files in their electronic health record. Local Authorities shall provide internal chart reviews for the two years prior to the current monitoring year.

- xi. Wherever possible, and for service codes identified by the division, **justification for payment of funds shall be determined by the Current Procedural Terminology Codes (CPT) used in the Local Authorities' Electronic Health Record (EHR) and the rate determined in their most recently approved Medicaid Cost Report.** The rate is determined using information from Schedule 4: Dividing amounts listed under column titled *All Allowable Costs From Sched 5* by service units listed under *All MH/SA Service Units*. For services where CPT codes are not used, DSAMH will develop separate standards for justifying payment that may include direct labor and/or current expense costs. In these cases, the Local Authority is responsible to demonstrate that any overhead costs allocated to these non-CPT code expenses are consistent with the overall cost allocation plan (CAP) used by the Local Authority. Where a Medicaid Cost Report has been done, this report becomes the CAP of record for the Local Authority. The Local Authority shall complete Schedule 4 Part II: *Non-covered and Disallowed Services and Costs*, providing the following: a description of each item listed, a service unit definition, all non-covered and disallowed costs and the number of service units provided.

County's Response and Corrective Action Plan:

Action Plan:

- 1.) *As of September 1st, 2022, Summit County has implemented a new billing procedure in which HUB is required to submit all invoices and documentation of services provided and billed for. This documentation is tied to a unique member ID and submitted via Excel and three numbers are selected by random for verification performed by the Summit County Behavioral Health Division.*
- 2.) *Additionally, the Behavioral Health Division has requested \$20,000 in the FY23 County Budget to go towards a MOU to hire an outside firm to conduct a more in-depth audit of billing practices utilized by HUB and will include additional items for review. The complete audit criteria will be established in consultation with OSUMH.*
- 3.) *Summit County will review and audit provider credentialing files twice yearly with UUHP and U Health, when the providers were credentialed through the larger U Health system. Initial credentialing with an application through CAQH, and initial queries of the NPDB and FACIS databases. Provider complaints are tracked through the MHK system and all providers are held to the NCQA standards. The Summit County audit will be a random sample of provider files that are picked by the representative of Summit County from a list of active providers.*

Timeline for compliance:

1.) *Implemented September 2022*

2.) *Timeline for #2:*

- a. *November 2022: County Council finalizes the FY23 budget at which time, it is anticipated the \$20,000 will be made available on January 1st, 2023*
- b. *December 2022: RFP will be made public and open for one month.*
- c. *January 2023: Selection of Auditor by end of month*
- d. *February/March 2023: Audit conducted prior to April 1st, 2023*

3.) *Implemented September 2022 with first review in October 2022.*

Timeline for compliance: *April 11, 2023*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Kelly Ovard*

- 2) **Summit County could not provide payment backup and justification** for the following funding codes. The clients monitored have un-trackable ID numbers as the clients were seen by (IC) independent contractors These IC's have the PHI, demographics, treatment recommendations and follow-up information on their personal computers which may or may not have encryption.
- a) **EIM** (Early Intervention Management)
 - b) **JRI/MH JRI** funding is to be used for those adults involved in the Criminal Justice System. These clients were all seen by Independent Contracted (IC) therapists.
 - c) **MHC** (State Children)
 - d) **MHN** (Non-Medicaid Unfunded) Clients seen by IC with no verifiable data. There was no way to trace the funding of these clients. There were three clients seen at the HMHI clinic and their records had the supporting funding data. These ID numbers did not correlate with the HMHI EHR. Funding was traced through the clinic using the client name from the provided spreadsheets, which the clinic had record of the demographics and funding information.
 - e) **MHX** (Federal Children) All Independent Contractors
 - f) **MHF** (Federal General) All services audited were provided by Independent Contractors. The diagnosis for each client was included in the uploaded spreadsheet but could not be verified.
 - g) **ADC** (Adult Drug Court) There were client ID's for UA's but there was \$34,000 in reported rejected claims. This would be due to the maximum amount of funding for this code being completely billed at \$6,018.

- h) **BJA** (BJA Federal Grant) Three of the **five clients audited were not in Drug Court**. (LA, KA, PS) Services provided through the clinic.
- i) **WTA (State Women)** Using the names in the uploaded spreadsheet, the clients were able to be tracked. The four clients selected for defined services met the criteria, however **the invoices uploaded with clients names included men**.
- j) **WTD** (Women Pregnant or with Dependent Children) **All four clients selected were men**.

The service numbers outlined in this finding were used by Healthy U and UUHP and were not in the clinic's (HMHI) EHR. MH clients charts were not available as they sit on the laptops of independent Contractors and can not be verified.

County's Response and Corrective Action Plan:

Action Plan:

HUB has clarified with HMHI on utilization of the Member ID Number for billing of services. HUB will submit invoices consistent with the cost report using service codes and cost report rates and unique patient identifiers so that each service can be traced from invoice back to clinical information at the HMHI clinic, as outlined above in the response to significant non-compliance number 1. HUB has initiated providing backup to the monthly bills to Summit County, Through the secure Box system, including member identifiers and service codes so the review by Summit County can happen in real time.

Timeline for compliance: *Prior to payment for services*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Kelly Ovard*

- 3) **Protected Health Information (PHI) Data Security with out of clinic Contracted Providers:** The data for clients seen by the out of clinic subcontractors in Summit County, resides on the computers of those providers. DSAMH was not able to examine the data or the security measures that protect the data for these clients. There is no Electronic Health Record for Substance Abuse and Mental Health clients provided by Healthy U with these subcontractors. Since the data was not made available to the DSAMH auditors for this audit, DSAMH is unable to determine if the data for each client is secured. Two factor authentication is the standard in the industry today, but under the current circumstances, security of data is unknown.

The Health Information Technology for Economic and Clinical Health (HITECH) Act was signed into law in February 2009 to promote the adoption and meaningful use of health information technology. The HITECH Act encouraged healthcare providers to

adopt electronic health records and improved privacy and security protections for healthcare data.

In the Code of Federal Regulations (CFR), Title 45/SubchapterC/Part 164/Subpart C outlines security standards for the protection of electronic protected health information. Covered entities are required to implement certain administrative, physical and technical safeguards to protect electronic health information.

County's Response and Corrective Action Plan:

Action Plan:

Providers sign an agreement legally binding themselves to maintain HIPAA and HITECH compliant health records practices. Failure to abide by this can result in provider termination and removal from the network or other sanctions. Providers will be required to provide a letter of HIPAA and HITECH compliance.

HUB and Summit County are working with Kelly Ovard on establishing means to correct this finding. Currently, due to the network model in use in Summit County, additional clarification from OSUMH on how they would like this handled is needed.

Timeline for compliance: *October 1, 2022*

Person responsible for action plan: *Nelson Clayton*

Tracked at DSAMH by: Kelly Ovard

FY22 Minor Non-compliance Issues:

None

FY22 Deficiencies:

- 1) The **Certification of Audit Review** was not returned, signed by the county.

County's Response and Corrective Action Plan:

Action Plan: *Issue has been resolved for FY22.*

Timeline for compliance: *This will be completed for the next fiscal audit and the document signed and uploaded by the OSUMA audit in April 2023.*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Kelly Ovard*

FY22 Recommendations:

- 1) As with last year, it is difficult to get any **data from Healthy U regarding their provided financial services**, MH, SUD, PSS etc. The LA (county) needs to assist Healthy U in bringing their EHR up to speed to lower their risk as a Local Authority.
- 2) *The Summit County Mental Health emergency plan* was reviewed by Nichole Cunha and Geri Jardine, as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. **It is recommended that these suggestions are reviewed and the emergency plan is updated accordingly.**

FY22 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

- Inpatient Care
- Residential Care
- Outpatient Care
- 24-hour Emergency Services
- Psychotropic Medication Management
- Psychosocial Rehabilitation (including vocational training and skills development)
- Case Management
- Community Supports (including in-home services, housing, family support services, and respite services)
- Consultation and Education Services
- Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Combined Mental Health Programs

The Division of Substance Abuse and Mental Health, Mental Health Team conducted its annual monitoring review at Summit County on March 8, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

Combined Adult and Child, Youth and Family Mental Health

Findings for Fiscal Year 2021 Audit:

FY21 Minor Non-compliance Issues:

- 1) *Internal monitoring of contracted providers:* It is critical that Summit County develop a formal subcontracting process that includes onboarding, ongoing training of required service components, and an internal monitoring process for contracted providers, to ensure that clients are receiving quality services which meet Division Directive requirements.

There has been no progress on development of a monitoring process. This item has not been resolved and will continue to be a finding in the FY22 monitoring report (see Significant Non-compliance Issue #1).

- 2) *OQ/YOQ Administration and Use as an Intervention:* Fifteen of the fifteen charts reviewed (all Adult and Child/Youth/Family charts reviewed) showed no indications of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) being completed. Summit County does not administer the OQ/YOQ at least once every 30 days. There was no evidence of the OQ/YOQ being used as an intervention. Additionally, there was insufficient data submitted for OQ/YOQ reporting to meet the 90% match rate to SAMHIS (Substance Abuse Mental Health Information System) to meet the division directives.

The Division Directives state “DSAMH will require that an Outcome Questionnaire be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).” The Directives also state “DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs who experience serious mental illness or serious emotional disturbance.” Regarding the match rate, the Directives read, “Client match rates for clients with serious mental illness and serious emotional disturbance must exceed 90% for the provider to be included in the outcome results.” It is recognized that movement to telehealth has impacted administration of the OQ/YOQ.

Nineteen of 21 charts reviewed did not have sufficient information about the OQ/YOQ. This item has not been resolved and will continue to be a finding in the FY22 report.

FY21 Deficiencies:

- 1) *Technical Assistance*: Summit County is structured as a network provider model with many contracted providers and agencies to support a service continuum in their catchment area. The FY20 report included recommendations from both Child, Youth and Family, and Adult teams encouraging Summit County to access technical assistance for quality improvement and monitoring of their contracted providers. DSAMH is willing to provide training and assistance as needed to ensure Division Directives are followed by Summit County and within their network. It is strongly encouraged that Summit County works with the DSAMH data team to resolve ongoing data reporting concerns.

Summit County met with the DSAMH data team to resolve data-related concerns, although some of these issues have continued. Summit Co also continues to struggle with monitoring subcontractors. This item has not been resolved and has been combined with the FY21 Minor Non-compliance Issue related to monitoring. See FY22 Significant Non-compliance Issues.

- 2) *Nicotine treatment*: Although many of the charts indicated that the client was using nicotine, there were no indications that any adult (eight of eight charts) and youth (two of seven charts) using nicotine were offered nicotine cessation services. DSAMH Division Directives require that nicotine cessation services and resources (including medication) are provided to clients who are using nicotine. This includes both adult and youth populations. Nicotine cessation services or referrals should be offered to clients and then documented in the chart.

Nicotine treatment is not documented as being offered to the clients at Summit County. This item has not been resolved and will continue to be a finding in the FY22 monitoring report.

- 3) *Serious Mental Illness (SMI)/Severe Emotional Disturbance (SED)*: All Adult and Child, Youth, and Family charts (fifteen of fifteen charts reviewed) were missing an assessment of serious mental illness or severe emotional disturbance. The mental health scorecard indicates a drop in SMI and SED designation from FY19 to FY20 (SMI:105/49) (SED:85/67). Per the 1915(b)3 waiver for the PHMPs, clients who receive services designated under this waiver are required to have SMI/SED designation. Collection of this information is required as a component of the State plan under Federal Title 42, 300x-1. Summit Co is required to submit this data into the SAMHIS system and is encouraged to work with DSAMH to ensure data is submitted correctly. Information on the designation of SMI/SED can be located on the DSAMH website.

None of the charts that were reviewed had documentation of SMI/SED designations. This item has not been resolved and will continue to be a finding in the FY22 monitoring report (see Significant Non-compliance Issue #2).

Combined MH Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

- 1) *Internal monitoring of contracted providers:* It is vital that Summit County develop a formal subcontracting process that includes onboarding, ongoing training of required service components, and an internal monitoring process for contracted providers, to ensure that clients are receiving quality services which meet Division Directive requirements. Monitoring is a critical component of ensuring individuals with SMI/SED receive consistent ongoing care that includes appropriate evidence-based programming. In the FY20 site visit response, Summit County reported that there was intent to develop a rotating schedule of site visits - "*Summit County will work with HUB to develop a rotating schedule of site visits of HUB Network providers each year to ensure improved compliance with DSAMH regulations*". However, when this was discussed, Summit County reiterated that there is no intent to monitor subcontracts due to limited staffing. Summit County must develop a system to monitor and ensure high quality care for SMI/SED individuals. This is a shared finding with Governance and Oversight.

County's Response and Corrective Action Plan:

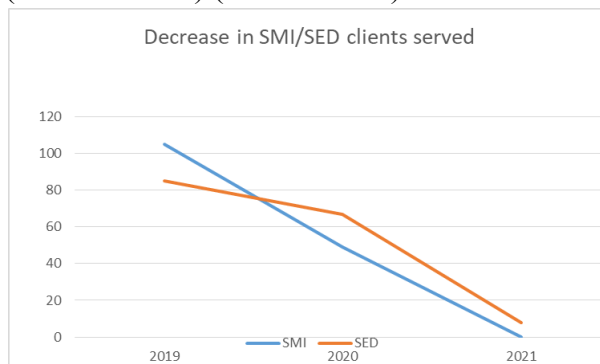
Action Plan: *Please refer to G&O Significant Non-Compliance 1.*

Timeline for compliance: *April 11, 2023*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Mindy Leonard/Kelly Ovard*

- 2) *Serious Mental Illness (SMI)/Severe Emotional Disturbance (SED):* The chart review of adult and youth mental health charts found that 19 of 20 were missing an assessment of serious mental illness or severe emotional disturbance. The mental health scorecards indicates an ongoing drop in SMI and SED designation from FY19 to FY20 to FY21 (SMI:105/49/0) (SED:85/67/8).



Per the 1915(b)3 waiver for the PHMPs, clients who receive services designated under this waiver are required to have SMI/SED designation. Collection of this information is required as a component of the State plan under Federal Title 42, 300x-1. Summit Co is required to submit this data into the SAMHIS system and is encouraged to work with DSAMH to ensure data is submitted correctly. Information on the designation of SMI/SED can be located on the DSAMH website.

County's Response and Corrective Action Plan:

Action Plan: *This relates to the data issue where treatment episodes are not closed out and so there are no endpoints for the data to be collected. UUHP and Summit County are working with the OSUMH data team so that treatment episodes can be closed out when a client has not been seen for 60 days. Currently the data is collected every 90 days so there are strings of data being collected and submitted to OSUMH but it is not being used because treatment episodes are not being closed out. HMHI will also need to change their process to accommodate the ending of treatment episodes but they will not be changing their treatment orientation that leaves the door open for clients to return.*

Timeline for compliance: *February 1, 2023*

Person responsible for action plan: *Nelson Clayton*

Tracked at DSAMH by: *Mindy Leonard*

FY22 Minor Non-compliance Issues:

- 1) *Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):* Nineteen of the 21 charts reviewed showed no indications of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) being completed. The Division Directives state “*DSAMH will require that an Outcome Questionnaire be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).*” Summit County does not administer the OQ/YOQ at least once every 30 days. Despite being required as part of the Division Directives, none of the charts reviewed demonstrated evidence of the OQ/YOQ being used as an intervention.

There was insufficient data submitted for OQ/YOQ reporting to meet the 90% match rate to SAMHIS (Substance Abuse Mental Health Information System) with a 0% match rate reported. The Directives read, “*Client match rates for clients with serious mental illness and serious emotional disturbance must exceed 90% for the provider to be included in the outcome results.*” The Directives also state “*DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs who experience serious mental illness or serious emotional disturbance.*” Of note, the Adult Mental Health scorecard indicates a 0% participation rate for individuals with serious mental illness.

County's Response and Corrective Action Plan:

Action Plan: *The YOQ has been collected in the school-based program. There may have been data reporting issues related to the YOQ scores being uploaded due to the independent clinician model used. As of the Fall of 2022, HMHI has taken over all school-based services, which should help to alleviate this issue with data reporting.*

UUHP and Summit County will work with HMHI to make sure that adults are receiving the OQ and that the scores are shared with OSUMH. UUHP and Summit County will reach out to the program managers to make sure the process is working as it should prior to January 1st, 2023.

Timeline for compliance: *February 1, 2023*

Person responsible for action plan: *Nelson Clayton*

Tracked at DSAMH by: *Mindy Leonard*

FY22 Deficiencies:

- 1) *ClientID Match:* As part of the monitoring process, Summit County was provided with SAMHIS identifiers to support a random chart pull for children and adult mental health charts. Eight of the charts that were identified to be pulled for the random mental health chart review resulted in not finding a chart in the electronic health record.

"ClientID" is a required field in the data submission and required in the Division Data Spec(s). This field is required to map clients across service and time while providing protection from communicating individual health information when possible. This field is created by the Mental Health Organization (MHO), is unique to an MHO individual client, and submitted into SAMHIS. SAMHIS does not create the MHO "ClientID" field. In FY20 Summit had difficulty connecting some MHO provided client ids to client profiles to audit. After working with the team, clients were identified and communication between data and clinical was understood as causing the issue.

The FY21 audit process demonstrated this communication of Client ID from Summit data to clinical remains at issue. The use of a unique ClientID is the standard for communicating large personal information between systems that can then connect to sensitive data. This should be the standard of practice when communicating large client information between the two organizations.

County's Response and Corrective Action Plan:

Action Plan: *Please refer to G&O Significant Non-Compliance 1.*

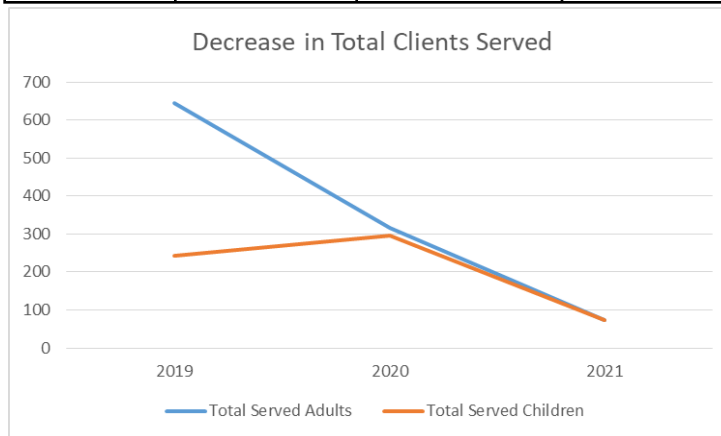
Timeline for compliance: *February 1, 2023*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: Mindy Leonard

- 2) *Clients Served:* Summit County over the past three years has seen a decrease in both youth and adult clients served.

Children	FY19: 243	FY 20: 297	FY21: 169	Percent Change: -30.5%
Adult	FY19: 646	FY20: 316	FY21: 74	Percent Change: -88.5%



The number of youth and adults who received services in Summit shows a significant, continued decrease from FY19 to FY21. In FY19, 243 children and youth were served, while only 169 children and youth were served in FY21, representing a 30.5% decrease in the number of youth who received services. In FY19, 646 adults were served, while only 74 adults were served in FY21, representing an 88.5% decrease in the number of adults who received services.

DSAMH remains concerned about the continual trend of a reduction in clients served and is highly concerned regarding the drop in highly vulnerable adults accessing mental health services in the county. DSAMH recognizes that the transition from one service provider to a contract network may have initially impacted services, and that these numbers are a reflection of Summit County not submitting complete data to account for individuals served.

DSAMH continues to recognize the systemic issues that may have contributed to the decreases in children and youth receiving services, including: (1) increased school-based providers including the Local Education Agencies and private mental health agencies, (2) a large number of youth with access to Employer-Sponsored Insurances, and (3) the impact of COVID-19 on services. Although these challenges exist, the decrease in the number of

children and youth served is a trend that should be investigated as the number of youth in need grows each year.

Technical assistance is available through DSAMH to target access to care for youth and adults.

County's Response and Corrective Action Plan:

Action Plan: *UUHP and Summit are submitting back up along with invoices to OSUMH regarding services provided. UUHP will include the Medicaid network adequacy report. Additionally access to care has been improved through therapists being available at all of the Summit County public schools. UUHP and Summit County are working with the OSUMH data reporting team to look at some of the reporting issues that have come up in counting the number of clients seen. UUHP does not report the Medicaid clients in the same way that the previous vendor reported to the state, and reports are not combined with other counties as with the previous provider.*

Timeline for compliance: *February 1, 2023*

Person responsible for action plan: *Aaron Newman & Nelson Clayton*

Tracked at DSAMH by: *Mindy Leonard*

- 3) *Psychosocial Rehabilitation Services (PRS):* The FY21 scorecards indicate that no PRS services for youth or adults were provided. The youth scorecard indicated that no services were provided in both FY20 and FY21. The adult scorecard indicated that there was a drop from 17 individuals in FY20 to zero individuals in FY21. The FY22 midyear score card indicates there are no youth PRS services provided, with a slight increase in adult PRS services. PRS is a mandated service for both youth and adults. Summit Co should review service provision and ensure that PRS is available for clients when appropriate.

County's Response and Corrective Action Plan:

Action Plan:

PRS services for adults are currently, and have been, provided by the Summit County Clubhouse (SCC), an independent 501c3. Services provided by the SCC are covered through community donations and Medicaid funding when appropriate. SCC has indicated that due to reporting requirements for utilization of OSUMH funding, they are not inclined to accept those funds at this time due to staffing constraints and having been in operations for only four years.

It should be noted that for this fiscal year the Summit County Clubhouse has provided 114 PsychoEducational Services to seven clients via Medicaid for a total reimbursement of \$16,050. These services are available to Summit County regardless of ability to pay.

Summit County is exploring with SCC a possible MOU to provide the data requested on either a yearly or quarterly basis.

Summit County, CONNECT Summit County, and SCC are working collectively to educate network providers on the benefits of PRS as there has been a hesitation to refer to this program. With the completion of a permanent location, tours have been set up to encourage clinicians to come and learn about the resources available at the SCC. This includes outreach to Wasatch County and Uinta County (Wyoming) clinicians.

Timeline for compliance: *February 1, 2023*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Mindy Leonard*

FY22 Recommendations:

None

FY22 Comments:

None

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review of Summit County on March 8, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY21 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Peer Support, school based behavioral health and compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Findings for Fiscal Year 2021 Audit

FY21 Minor Non-compliance Issues:

- 1) *Respite Services*: Summit County provided no respite services in FY20. Respite is one of the ten mandated services as required by Utah Code 17-43-301. In FY19, Summit County provided no respite services. Summit County reports that this service is provided through one of their subcontractors, however no data is currently being captured to support this. Summit County should ensure respite services are being provided for children and youth and that the data is captured.

This item has not been resolved and will continue to be a finding for the FY22 report. See FY22 Minor Non-compliance Issue #1.

FY21 Deficiencies:

- 1) See Combined Mental Health Programs deficiencies

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

See Combined Mental Health section

FY22 Minor Non-compliance Issues:

- 1) *Respite*: Summit County provided no respite services in FY21. Respite is one of the ten mandated services as required by Utah Code 17-43-301. This is a multiple year finding for FY19 and FY20. Summit County reports that this service is provided through one of their subcontractors, however no data is currently being captured to support this. Summit County should ensure respite services are being provided for children and youth and that the data is captured. Summit County should consider how youth and families are being

referred to respite service to ensure that those with SED and most vulnerable in the community are receiving this service. The FY22 midyear score card indicates there are no respite services provided.

County's Response and Corrective Action Plan:

Action Plan:

Respite services during the time frame covered in this audit were provided by a community non-profit and available to anyone in need of this service, with the majority of respite being provided to caregivers of seniors. Because Office of Substance Abuse and Mental Health funds are not utilized for this service and individuals do not require a referral from a network provider. for FY21, two youths accessed this service.

For FY23, Summit County was notified that Respite Services for youth will no longer be provided by the non-profit due to the low utilization and extract specialization needed. As such, Summit County, along with Healthy U. Behavioral are developing a Request For Proposals to find a respite provider. (We are currently working with Eric Tadehara on finalizing the RPF.) However, it is expected that the provider will not be located in Summit County. This issue will be included in the Summit County Mental Wellness Strategic Plan. Summit County. Healthy U. Behavioral and the Office of Substance Abuse and Mental Health will work collectively on finding a respite provider for Summit County. As such, a RFP is being developed and will be reviewed by OSUMH prior to its release in November 2022. Should there be no responses, Summit County will confer with OSUMH on other options.

Timeline for compliance:

- FRP Distributed, November 2022
- Selection & Contracted, December 2022
- Service Delivery Begins, January 2023
- OSUMH Follow-up February 1, 2023.

Person responsible for action plan: Aaron Newman

Tracked at DSAMH by: Mindy Leonard/Leah Colburn/Ryan Carrier

FY22 Deficiencies:

- 1) *School Based Services Charts:* Six charts that were pulled during the chart review were for school based services. All of these charts lacked any documentation of clinical records. Summit County stated that they did not retain these records due to each clinician being an independent contractor. The medical necessity of clinical mental health services are determined by assessment, with accompanying diagnosis, and goals/care plan. This should also include progress note documentation. Without clinical records it is unclear of the treatment needs or if services were provided to the identified client. Accurate documentation of treatment is necessary to provide funding for clients.

County's Response and Corrective Action Plan:

Action Plan:

As of August 2022, school-based services are no longer provided by independently contracted clinicians. School-based services are provided by HMHI-Park City, utilizing EPIC and follow the same documentation as all other services provided by HMHI. This will make auditing the School-based the same as the rest of the programming through the HMHI clinic, additional time for chart access through contractors will not be necessary.

This has been accomplished and independent contractors are no longer being used for OSUMH funded services in Summit County.

Timeline for compliance: *Plan in place by October 1, 2022 and progress reporting due by February 1, 2023.*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Mindy Leonard/Leah Colburn/Ryan Carrier*

- 2) *Family Peer Support Services (FPSS):* Summit County per the FY21 scorecard provided zero FPSS services. In FY21, Summit County provided some FPSS services at a rate of 1.3% lower than the rural average for the year. The FY22 Division Directives state “*LAs shall continue to establish and/or expand Adult, Youth, and Family Peer Support Services.*” FPSS is a highly valuable service to support vulnerable youth and families in the community. Summit County needs to explore how to ensure that youth and families have access to this service and data is collected to demonstrate access to this service.

County's Response and Corrective Action Plan:

Action Plan: *Previously UUHP contracted with Allies with Families to provide Family Peer Support in Summit County. Allies with Families dissolved and the Family Peer Support worker who worked in Summit County declined to be hired by another agency. That worker continues to support many of the families on her own time but is not willing to work as an employee after her experience with Allies. UUHP and Summit County are working to identify ways to provide additional family peer support in Summit County but given the high cost of living and the low reimbursement rates it is challenging. This is an area where technical assistance would be appreciated on how to increase peer support services in Summit County. With only one FPSS and one PSS in the County, efforts are underway to help recruit people to become certified.*

In an effort to increase the number of PSS/FPSSs in Summit County, the following Objectives are included in the 2022 update to the Summit County Mental Wellness Strategic plan approved and implemented by the Summit County Council:

- *Goal III, Objective 4*
 - *Establish a program designed to recruit and train additional peer support specialists serving Summit County.*
- *Goal III, Objective 5*
 - *Develop and implement expanded Peer Support services within Summit County.*

Summit County recognizes the importance of providing PSS, and should a new state contract be made available, we would take part.

Timeline for compliance: *Plan by October 1, 2022 with progress reporting due by February 1, 2023.*

Person responsible for action plan: *Nelson Clayton*

Tracked at DSAMH by: *Mindy Leonard/Tracy Johnson/Kim Randle*

- 3) *Case Management:* Summit County per the FY21 scorecard has a decrease in case management services by 92%, services were provided to less than 20 youth. Case management is one of the ten mandated services as required by Utah Code 17-43-301. Summit County needs to ensure that youth with SED and their families have access to case management services in their county.

County's Response and Corrective Action Plan:

Action Plan: *Case management is done through the HMHI clinic in Park City and is a valuable part of the multidisciplinary treatment team. The HMHI clinic has had trouble certifying their case manager to bill through EPIC as a case manager. Many of the case management services have had to be invoiced and have not been submitted to OSUMH. The problem arises from a definition of case management that exists at the U of U hospital system and reserves the term "case manager" for nurses.*

This problem has been brought up to the Medical Staff Office and permissions are in the process so that Case Management for mental health can be credentialed and entered into EPIC.

Timeline for compliance: *Must have a meeting scheduled by October 1, 2022 with the MH team. Please contact Pam Bennett to schedule. Progress reporting due by February 1, 2023.*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: *Mindy Leonard*

FY22 Recommendations:

See Combined Mental Health

FY22 Division Comments:

See Combined Mental Health

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review of Summit County on March 8, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Pam Bennett, Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews and a community meeting. During the discussion the team reviewed the FY21 audit and statistics including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Findings for Fiscal Year 2021 Audit

FY21 Minor Non-compliance Issues:

See Minor and Significant Non-compliance Issues in the Combined Mental Health section.

FY21 Deficiencies:

See Deficiencies and Significant Non-compliance Issues in the Combined Mental Health section.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

None

FY22 Minor Non-compliance Issues:

None

FY22 Deficiencies:

- 1) *Increased Inpatient Placement and Lack of Supportive Services* : The FY21 Adult Mental Health scorecard demonstrates that 21.7% of clients required inpatient care, a dramatic increase of 225% from FY20. In comparison, Summit County provided zero Peer Support Services (PSS) to clients in FY21, despite DSAMH Division Directives indicating PSS should be provided. Case management, one of the ten mandated services per Utah Code 17-43-301, dropped by 97.5% in FY21 with only 3 individuals served. PSS and CM are both well-established practices for reducing inpatient hospitalization and decreasing rehospitalization. Summit Co should look closely at the increase in inpatient need to assess whether clients would be able to remain stable in the community if they were receiving supportive services.

County's Response and Corrective Action Plan:

Action Plan: *UUHP and Summit County agree that Peer Support and Case Management are valuable parts of a treatment program. Please refer to Peer Support and Case Management responses above. Additionally it is believed that some of the discrepancies described above are due to issues with data reporting.*

Timeline for compliance: *A plan must be in place by October 1, 2022 with progress reporting due on February 1, 2023.*

Person responsible for action plan: *Aaron Newman*

Tracked at DSAMH by: Mindy Leonard

FY22 Recommendations:

- 1) *Nicotine Use Documentation:* A review of Summit County charts indicated that documentation did not include whether an individual had been offered nicotine cessation (three of ten charts). It was mentioned that individuals who use nicotine are referred to the nicotine cessation program at the Jewish Community Center. DSAMH recommends that Summit County review whether clinicians are adopting a whole health approach to care, recommending nicotine cessation, and documenting these efforts. Summit County should encourage providers to update electronic health records to prompt the documentation of this type of information.

FY22 Division Comments:

- 1) *Summit County Clubhouse:* Summit County Clubhouse continues to make excellent strides toward accreditation, and provided key support for individuals with serious mental illness during the pandemic. The community support is extraordinary, as exemplified by the collaboration with the Park City Community Foundation and the Grossmans' donation of a property.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Summit County Health Department (SCHD) on March 8, 2022. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Findings for Fiscal Year 2021 Audit

FY21 Deficiencies:

- 1) The EASY checks decreased from 70 to 20 checks from FY19 to FY20 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year.

The EASY checks decreased from 20 to 0 checks from FY20 to FY21 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year.

This issue has not been resolved, which will be addressed in Recommendation #1 below.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

None

FY22 Minor Non-compliance Issues:

None

FY22 Deficiencies:

None

FY22 Recommendations:

- 1) **The EASY checks** decreased from 20 to 0 checks from FY20 to FY21 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year. It is recommended that SCHD work on increasing the number of EASY Compliance checks this year and continue to work with law enforcement on this.

FY22 Division Comments:

- 1) **Building Capacity:** SCHD is continually building capacity by identifying and engaging new partners, including the Solomon Fund, Live Like Sam and the Children's Justice Center.
 - a) The **Solomon Fund** is part of the Party City Community Foundation. They provide after school and summer camps for underserved populations. SCHD has been working closely with the Solomon Fund and is planning to provide materials in Spanish for this group. The Solomon Fund has a fair coming up in two weeks where SCHD is planning to have a booth where they will be sharing prevention messages and information on parenting classes.
 - b) **Live Like Sam** is a program that honors the life and legacy of Sam Jackenthal by inspiring youth from all backgrounds to develop self-awareness, courage, leadership, kindness and joy. They help cultivate these attributes through life skills training and by recognizing young people who live by these principles. They are committed to strengthening youth with their programs and scholarships to foster a dedication to service to others, like Sam lived. SCHD has been focusing on the Junior High and High School programs in partnership with Live Like Sam. They are also working on implementing the Thrive Program, which is a partnership with Well-Being Elevated that is intended to reach Park City's Youth. This program is also approved through the Institutional Review Board (IRB) in the school district. SCHD is also providing Life Skills for 9th and 12th grade students and have adapted this program in Spanish as well.
 - c) **The Children's Justice Center** provides services for children that have been abused, which is part of the County Attorney's Office. The Children's Justice Center is currently providing a safety camp for kids ages 6 - 7 years old, which SCHD helped with. SCHD has also provided parenting classes at the Children's Justice Center. The Prevention Coordinators have talked to all families about the importance of parents talking to their kids about safety.
- 2) **Impact of COVID on Prevention Services:** SCHD shared that the COVID Pandemic made prevention services better for their community, where they developed great ideas to reach people in their community. For example, SCHD has been using the food banks to share prevention messages and provide school lunch even when the schools were shut down. SCHD also provided kits to parents so that they could have activities to do with their kids. Law Enforcement, the Sheriff and Paramedics had a little parade in the neighborhood to celebrate kids' birthdays. SCHD did the Meals on Wheels Program, where they included prevention messages on the meals. They also had a family dinner night. When the families picked up their meals, there were prevention messages on the meals. There were over 120 cars and 440 people at this event. They had a Parents Empowered Commercial before the movie was shown at the family dinner. SCHD did the same thing with Spanish speaking families, where there were 15 cars and 45 families that participated in this event. SCHD also did an event at the Zoo for families and participated in the Latino Arts Festival. SCHD reported that the COVID pandemic didn't

slow them down in providing prevention services for their community, but provided them with an opportunity to serve more people in creative ways.

- 3) Evidence Based Programs:** SCHD shared that they select programs that are evidence-based, enhance protective factors and reverse or reduce risk factors. They match programs to the needs of the community. Messaging is given in a variety of ways and in many locations. SCHD addresses all types of drug abuse and misuse and provides prevention services for all ages. Family based prevention is a major focus by providing parenting classes and promoting Parents Empowered.

Substance Use Disorders Treatment

Becky King, Administrator, conducted the review of Summit County - Huntsman Mental Health Institute (HMHI) Park City on March 9, 2022, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for opiate use rates in Summit County.

Findings for Fiscal Year 2021 Audit:

FY21 Minor Non-compliance Issues:

The Treatment Outcomes Data (TEDS) shows:

- 1) The percentage of **clients employed from admission to discharge** decreased from 5.0% to 0.0% from FY19 to FY20 respectively, which does not meet Division Directives.

The percentage of **clients employed from admission to discharge** moved from 0.0% to 0.0% from FY20 to FY21 respectively, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in the Significant Non-Compliance Issue #1 below.

- 2) The percent of **clients involved in the criminal justice system** moved from 0.0% to -33% from FY19 to FY20 respectively, which does not meet Division Directives.

The percent of **clients involved in the criminal justice system** moved from -33% to 0% from FY20 to FY21 respectively, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in the Significant Non-Compliance Issue #2 below.

- 3) The percent of **clients using tobacco from admission to discharge** moved from -3.2% to 0.0%, which does not meet Division Directives.

The percent of **clients using tobacco from admission to discharge** moved from 0.0% to 0.0% from FY20 to FY21 respectively, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in Significant Non-Compliance Issue #3 below.

- 4) The percent of **clients that were abstinent from drug use** from admission to discharge decreased from 27.7% to -12.4% from FY19 to FY20 respectively, which does not meet Division Directives.

The percent of **clients that were abstinent from drug use from admission to discharge** decreased from -12.4% to 0.0% from the FY20 to FY21 respectively, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in Significant Non-Compliance Issue #4 below.

- 5) Summit County has 43% of **old open admissions** in their chart system, which is above the standard of 4%, which does not meet Division Directives.

Summit County has 0% of **old open admissions** in their chart system, which meets Division Directives.

This issue has been resolved.

- 6) 10.7% of **Criminogenic Risk Data** was not collected for justice involved clients, which does not meet Division Directives.

100% of Criminogenic Risk Data was not collected for Justice Involved clients, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in the Significant Non-Compliance Issue #5 below.

The Consumer Satisfaction Surveys Shows:

- 7) 0.4% of **Youth (Family) Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.

6.4% of **Youth (Family) Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.

This issue has not been resolved, which will be addressed in Significant Non-Compliance Issue #6 below.

8) 0.0% of **Adult Consumer Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.

9.1% of **Adult Consumer Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.

This issue has not been resolved, which will be addressed in Significant Non-Compliance Issue #7 below.

9) 0.0% of **Youth Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.

27.6% of Youth Satisfaction Surveys were collected in the FY21, which meets Division Directives.

This issue has been resolved.

Clinical Charts

10) *American Society of Addiction Medicine (ASAM)* - The clinical charts showed a brief overview of ASAM and the recommendation for the care in the initial assessment. There is also an ASAM flow chart which has some information on ASAM. However, the ASAM flow chart is missing the justification for the dimensions and justification for the level of care. There are also no ASAM reviews. It is recommended that the justification for the dimensions and justification for the level of care be included with ASAM, including ongoing reviews as needed. The ASAM goals should also be included with the Recovery Plan and Goals.

The ASAM now includes the justification for the dimensions, but is missing the justification for the level of care.

This issue has not been resolved, which will be addressed in recommendation #1 below.

11) *Assessment* - The clinical charts showed that the assessment is only completed once at intake and is not updated. It is recommended that the assessment is updated as needed.

The Assessment updates are now being completed in the progress notes.

This issue has been resolved.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

1) Data reporting issues

- a) 6.4% of **Youth (Family) Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.
- b) 9.1% of **Adult Consumer Satisfaction Surveys** were collected, which does not meet the required rate of 10% in Division Directives.
- c) 100% of **Criminogenic Risk Data** was not collected for justice-involved clients, which does not meet Division Directives.
- d) The percentage of clients employed from admission to discharge moved from 0.0% to 0.0% from FY20 to FY21 respectively, which does not meet Division Directives.
- e) The percent of clients involved in the criminal justice system moved from -33% to 0% from FY20 to FY21 respectively, which does not meet Division Directives.
- f) The percent of clients using tobacco from admission to discharge moved from 0.0% to 0.0% from FY20 to FY21 respectively, which does not meet Division Directives.
- g) The percent of clients that were abstinent from drug use from admission to discharge decreased from -12.4% to 0.0% from the FY20 to FY21 respectively, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

Response to A & B: *UUHP has been working with independent providers and the HMHI clinic to collect all satisfaction surveys required by DSAMH. The YSS was particularly difficult because most of the services were delivered in the schools and parents were not present when the services were delivered. This meant that the therapists would email and text parents the link for the survey but it appears that few parents followed through on the survey. During this collection period HMHI will be able to deliver reminders via MyChart, Email, and text message for satisfaction surveys.*

Response to C: *RANT is administered to all court involved individuals who are seeking access to the Drug Court Program along with services provided in the Summit County Jail to help the clinical practice and prevent recidivism. However the scores were not uploaded to OSUMH. Summit County is working with HMHI to improve this and other data reporting issues identified in this Audit. This is an open issue and is being worked on.*

Response to E & F & G: *These are part of the data collection issue we have faced where data was collected on our clients but cases were not closed out so there were no “end points” associated with clients and so they will often show up as zeros. This is something that UUHP and Summit County is working on with OSUMH and HMHI to remedy. The solution is to close out clients after they have not been seen at the clinic for a period of time and to reopen the case if the client seeks treatment again. That way the data will have a start and end point for aggregation purposes. This was also answered in more detail above.*

Timeline for compliance: A plan in place for submitting complete and accurate data by October 1, 2022. Progress reporting required by February 1, 2023

Person responsible for action plan: Aaron Newman

Tracked at DSAMH by: Rebecca King

2) Release of Information Form (ROI):

Summit doesn't have the 42 Code of Federal Regulations (CFR) Part 2 statement included in their Release of Information Form. This is a federal regulation that requires substance use disorder treatment providers to observe privacy and confidentiality restrictions with respect to patient records. Summit must include a 42 CFR Part 2 statement in their Release of Information. Below is an example of a 42 CFR Part 2 Statement that can be used in an ROI:

“Notice Prohibiting Redislosure of Alcohol or Drug Treatment Information Prohibition on Redislosure of Confidential Information This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of Federal Regulations (CFR), Part 2. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient receiving drug or alcohol treatment.”

County's Response and Corrective Action Plan:

Action Plan:

Summit County provided OSUMH with copies of two document;s in response to the finding. The Facsimile cover sheet and the Form titled “Two Way Communication Authorization” contain the required notice to accompany disclosure.” ***This finding is resolved. However,***

OSUMH recommends that Summit County review their privacy practices to ensure compliance. TA on 42 CFR can be provided by Becky King at rbarnett@utah.gov or (801) 633-5764.

Timeline for compliance: Completed

Person responsible for action plan: Nelson Clayton & Cristie Frey

Tracked at DSAMH by: Rebecca King

FY22 Minor Non-compliance Issues:

None

FY22 Deficiencies:

None

FY22 Recommendations:

OSUMH recommends that Summit County review privacy practices to ensure compliance.

FY22 Division Comments:

- 1) Expanded Access to Services:** The University of Utah Health Plans has been administering Medicaid benefits to Medicaid members for over 20 years. Healthy U Behavioral is part of the University of Utah Health Plans and University of Utah, and has the resources available to create a new behavioral health clinic in Summit County. Healthy U Behavioral staff have experience in starting new government programs. Additionally, the County recognizes the improved community relations HUB has brought in expanding access and education within Summit County.
- 2) Resiliency Center:** The University of Utah implemented a resiliency center, which is staffed by therapists and a variety of other providers. This center has increased mental wellness of providers and has encouraged the use of their own services, like virtual visits. They have regular meetings which include a “Meet and Greet” for providers so that they can network together and benefit from educational programs. together. The Resiliency Center provides access to 92 clinicians in Summit and Wasatch County. Huntsman Mental Health Institute (HMHI) is the backbone operation in Summit County, but still has access to the rest of the providers in the network. The Treatment Team has great support from HMHI and Healthy U.
- 3) Holistic Approach to Wellness:** Healthy U Behavioral reported that they encourage clients to be involved in their care daily. Clients have a clear and concise explanation and justification for the initial biopsychosocial assessment process. They are informed about

all services provided through the clinic as well as community resources. They are also guided to make choices that benefit a 'whole person' model. The clinic is focused on mental health and substance use treatment and equally concerned with satisfying clients' basic needs, by encouraging them to identify barriers. The clinic takes initiative, providing tools and access to support, and empowering clients to manage their lives in healthy and productive ways. As clients find relief in meeting basic needs, they become available to engage in the therapeutic process with increased safety and stability that lends itself to new learning, symptom reduction, coping skill acquisition, adjustments/adaptation and behavior change. The clinic promotes self-awareness and insight, needs identification, and guidance about the benefits of engagement in treatment.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined to be adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined to be adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Summit County – Valley Behavioral Health and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard @ 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard _____ Date _____
Administrative Services Auditor IV

Approved by:

Kyle Larson _____ Date _____
Administrative Services Director

Amanda Alkema _____ Date _____
Assistant Director

Eric Tadehara _____ Date _____
Assistant Director

Brent Kelsey _____ Date _____
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY22

Name of Local Authority: Summit County Health Department

Date: 4/20/22

Reviewed by: Nichole Cunha, Geri Jardine

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements. P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance. N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)	x			Cover page “updating” has a typo
Confirmation of the plan’s official status (i.e., signature page, date approved)	x			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)		x		Plan indicates updated in 2022, but record of changes reflect no revisions since 2018
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)	x			
Table of contents	x			
Basic Plan				
Statement of purpose and objectives	x			
Summary information	x			
Planning assumptions	x			
Conditions under which the plan will be activated	x			
Procedures for activating the plan	x			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan		x		Need to identify method(s) and schedule(s) communicating changes and training staff.
Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.				
List of essential functions and essential staff positions	x			
Identify continuity of leadership and orders of succession	x			
Identify leadership for incident response	x			

List alternative facilities (including the address of and directions/mileage to each)			x	No alternate care sites are listed for behavioral health providers to be used in case of disaster. Only county and med surg are referenced. Please document how these services will be supported.
Communication procedures with staff, clients' families, the State and community			x	Please identify how services critical to behavioral health disaster support will be provided to include family support and assistance, education, communication will be provided in the event of a disaster. If not provided directly, include a statement that monitoring of subcontract(s) plan(s) to ensure these requirements are being met.
Procedures that ensure the timely discharge of financial obligations, including payroll.	x			
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			x	Please identify how services critical to behavioral health disaster support will be provided (such as clinical services, medication management, counseling, case management, family support, pharmacy, transportation, etc.) and supported in the event of a disaster. If not provided directly, include a statement that monitoring of subcontract(s) plan(s) to ensure these requirements are being met.
<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic 			x	Please identify how residential/housing services will be supported in the event of a disaster. If not provided directly, include a statement that monitoring of subcontract(s) plan(s) to ensure these requirements are being met.

DSAMH is happy to provide technical assistance.